

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

_	(Type or Print Clearly)  STATE OF HAWAII  STATE ETHICS COMMISSION			
PART I LOBBYIST		•		
NAME (Last)	(First)	(Middle)	TELEPHONE	
Nip	Celeste	Y.K.	808-282-1415	
MAILING ADDRESS (Street)			FAX	
94-108 Anania Drive, #239			EMAIL nipfire@hawaii.rr.com	
(City)	(State)		(Zip Code)	
Mililani	Hawaii		96789	
EMPLOYING ORGANIZATION (Fill in only if yo	ou are employed by a business er	ntity which has been retained to lobby)	TELEPHONE	
MAILING ADDRESS (Street)			FAX	
			EMAIL	
(City)	(State)		(Zip Code)	

PART II ORGANIZATIO	N	
NAME OF ORGANIZATION YOU	TELEPHONE 808-949-1566	
Hawaii Fire Fighters Ass		
MAILING ADDRESS (Street)	FAX 808-952-6003	
2305 South Beretania Street, Rm. 202		EMAIL
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96826
NAME OF PERSON RESPONSIBLE	TELEPHONE	
Robert H. Lee	808-949-1566	
MAILING ADDRESS (Street)	FAX 808-952-6003	
2305 South Beretania Street, Rm. 202		EMAIL
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96826

	** 0.7 CUD (5.070 UDO)	STATE OF THE STATE			
PART III DESCRIPTIOI  Agriculture	N OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBE  Human Services			
Agriculture	C) Education	(_) Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	C Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	√ Labor & Employment	<b> ✓</b> Transportation		
Culture, Arts, Historic Preservation	✓ Health	<ul><li>Planning, Land &amp; Water Use Management</li></ul>	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	✓ Public Safety & Corrections			
PART IV CERTIFICATION	ON OF LOBBYIST				
I hereby certify that th	ne information furnished abov	e is, to the best of my knowle	dge, correct and complete.		
Ce (csh 4x m					
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZAT	ION TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Robert H. Lee		President			
NAME OF ORGANIZATION (if	applicable)		TELEPHONE		
Hawaii Fire Fighters As	sociation	[;	808-946-1566		
MAILING ADDRESS (Street)			FAX 808-952-6003		
			EMAIL		
(City)	(State)		(Zip Code)		
Honolulu	Hawaii		96826		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					

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(Date)

(Signature of Authorizing Officer or Person Represented)